



## Request to Update Contact Information Checklist

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**\*For Current Louisiana Pathways members**

**Please use the Request to Update Contact Information Form to:**

- **Change your name, address, phone number(s), email address, and/or work status.**

**To complete this process, please follow these steps:**

1. Fill out the Request to Update Contact Information Form completely and sign. Incomplete or unsigned forms will delay processing your request.
2. Mail your completed form to Louisiana Pathways:

Option #1:

Mail form to:

Louisiana Pathways  
Career Development System  
1800 Warrington Place  
Shreveport, LA 71101

Option #2:

Emailed to: [thomasje@nsula.edu](mailto:thomasje@nsula.edu)

Option #3: (Employment Verifications cannot be faxed in)

Fax to: 318-677-3143

## What you can expect

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Once you mail your request form....

- Allow 1 week for your request to be processed. Your Director will be able to verify most changes by requesting a Director's Report.
- Newsletters are emailed approximately once a month.
- New level certificates are mailed only after members move up the career ladder.
- School Readiness Tax forms will be mailed to all active members on eligible levels at the end of January.



# Request to Update Contact Information

**\*Please Print:**

**Member's Name** \_\_\_\_\_ **Last 4 digits of SSN** \_\_\_\_\_

check here if your name has legally changed

**MAILING ADDRESS** \_\_\_\_\_

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ @ \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

**CURRENT EMPLOYMENT** \_\_\_\_\_

Name of Center \_\_\_\_\_

- If you have moved to a new center since first enrolling in Pathways and haven't already done so, please attach an updated **Employment Verification Form** (must be filled out by your current director, can be downloaded from [pathways.nsula.edu](http://pathways.nsula.edu) under tracks and tools)

check here if you are no **longer working in child care** and wish to be made inactive

Last date of employment \_\_\_\_\_

By signing below, I request the changes listed above.

X \_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date